



**ELIGIBILITY** (Note: If you have Nationwide or American General funds, contact the Savings Plus Program.)

If you have a total account balance of \$5,000 or less, you may withdraw the lump sum of your 457 Deferred Compensation Plan. You must meet all of the following requirements to qualify for a Voluntary Withdrawal.

- You have not contributed to the Plan in the previous 24 months; and
- You have not received prior distributions from the Plan under this provision; and
- You have not elected a commencement date for payments from the Plan.

**INELIGIBILITY**

- Individuals who have acquired accounts as a Beneficiary or an awarded spouse, or those accounts with a legal hold are not allowed to take this withdrawal.

**PAYMENT INFORMATION**

- You must have this application signed in the presence of a Notary Public.
- State and Federal taxes will be withheld automatically at a rate of single with zero allowances, unless you request a specific withholding by completing the enclosed W-4 form.
- Your payment will be issued within 30 days of the receipt of this form.
- The check will be mailed to address as indicated on this application.
- A W-2 Form will be issued after the end of the calendar year for tax reporting.


**PARTICIPANT INFORMATION**

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER --- --
ADDRESS			DATE OF BIRTH -- -- -- MONTH DAY YEAR
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER WITH AREA CODE ( )

**Privacy Statement:** The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Savings Plus Program for purposes of identification and account processing. It is mandatory that you furnish all information requested on this form. Failure to provide mandatory information may result in action requested not being processed.

**NOTARIZED SIGNATURE**

I HAVE READ AND UNDERSTAND THE ABOVE AND CERTIFY THAT I COMPLY WITH THESE STATED REQUIREMENTS. I HEREBY AUTHORIZE AND REQUEST PAYMENT OF MY 457 DEFERRED COMPENSATION PLAN ACCOUNT BALANCE. FURTHER, I UNDERSTAND MY REQUEST MAY BE DENIED IF IT IS DETERMINED THAT I DO NOT MEET THE STATED REQUIREMENTS.

 \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Participant (must be notarized)

**NOTARY ACKNOWLEDGEMENT**

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by

\_\_\_\_\_  
Participant's Name

Seal of Notary:

\_\_\_\_\_  
Signature of Notary



Return form to:  
Dreyfus Retirement Services  
Attention: State of California Savings Plus Program  
135 Santilli Highway  
Room 026-0027

STATE OF CALIFORNIA

**SAVINGS PLUS PROGRAM**

**457 Deferred Compensation Plan**

**VOLUNTARY IN-SERVICE WITHDRAWAL FORM**

SPP 665 rev. 12/99



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Everett, MA 02149